

PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township of St. P. St. M.  
or  
Inc. Town of .....  
or  
City of Henningway

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

41406

Registration District No. 909 Registered No. 225

(For use of Local Registrar)

(No. 10 Mile St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Jackson {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 24, 19 22  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>George Jackson</u>	(14) NAME BEFORE MARRIAGE <u>Lena Knight</u>	(9) PRESENT POSTOFFICE OF FATHER <u>North Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston</u>
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Boags' S.C.</u>	(18) BIRTHPLACE <u>Ten Mile, Chas' Co</u>	(13) OCCUPATION <u>Laborer at Ast. Factory</u>	(19) OCCUPATION <u>Housework</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belia Nelson

(24) State whether Physician or Midwife R. Midwife (25) Address of Physician or Midwife 10 Mile

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 28, 19 22 (28) C. F. Myers Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.